

# 2021 Benefits Enrollment Guide



**Bulloch  
County  
Schools**



Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Bulloch County Board of Education. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated ShawHankins service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the board's leave policies and retirement plans. The plan year is in effect from January 1, 2021 to December 31, 2021.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

**NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.**



## Message from Human Resources

On behalf of the Bulloch County Board of Education, we would like to express our appreciation to you for making this school system one of the best in Georgia. We care about you and your family; because of this, we have put together a comprehensive benefits package. Our employees are the most valuable resource available for providing a quality educational experience for our students. Therefore, we are committed to providing our employees with a widespread, competitive and cost-effective benefits program.

In an effort to help better inform all of our employees, we have developed this Benefits Enrollment Guide. The Benefits Enrollment Guide will assist you in determining what levels of coverage you may need for you and your dependents. We are pleased to continue to offer employee vision and dental insurance at a reasonable cost. We think that you will find the disability and cancer insurance to be of great value as well. We are also pleased to offer telemedicine options, should those suite your needs better.

We believe our employees will get the most out of the services offered through our contract with the NFP firm. In addition to our Human Resources department, representatives from NFP will be readily available to provide personalized service to our employees regarding questions or issues related to employee benefits.

In preparation for Open Enrollment, our system will be sending out numerous email communications, sharing resources and uploading a video into Google Drive to share the benefits information and any changes. Representatives from our Human Resources Department as well as the NFP firm will be available to answer questions and provide assistance. Open enrollment will be held October 19<sup>th</sup>, 2020 – November 6<sup>th</sup>, 2020. NFP will host telephone one-on-one sessions for you to ask questions and to sign-up for your benefits. As always, these are not required and you can always sign-up online at your convenience.

Again, we appreciate your hard work and dedication to the students and community of Bulloch County. We are committed to providing our employees with a safe and healthy work environment.

Be well,  
Your Bulloch County Schools Human Resources Department



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This guide describes the benefit plans available to you as an eligible Employee of Bulloch County Board of Education. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Bulloch County Board of Education and ShawHankins.

## Open Enrollment Memo

Bulloch County Board of Education will be holding our annual Open Enrollment beginning October 19<sup>th</sup> through November 6<sup>th</sup>, 2020.

Because there are often system delays during the last days of Open Enrollment (particularly at the State Health website), and because “unexpected life events” can distract you from other important things, we strongly recommend that you **AVOID THE RUSH! PROCESS YOUR OPEN ENROLLMENT EARLY!**

Please complete your medical enrollment online at <https://myshbpga.adp.com/shbp>. You will receive a confirmation number on the SHBP website. **Always print your confirmation page and number from SHBP or save the document to your computer.** For questions about your SHBP you can call 1-800-610-1863.

Please remember Open Enrollment is your annual opportunity to:

- Compare plan designs and plan costs and determine which benefit plans will best suit your needs for the upcoming plan year.
- Make changes such as:
  - enrolling in a plan for the first time
  - adding or dropping dependents
  - switching health plans
  - modifying the nature of your coverage (i.e., adding dental coverage).

The elections you make during Open Enrollment will become effective with the new plan year beginning January 1, 2021.

If you would like assistance with making a change to your benefits or you simply have questions, please don't hesitate to sign-up for an appointment with a ShawHankins Benefit Counselor. You can also make your election changes online on your own or with the support of the NFP Service Center at 1-800-994-7429.



## Before You Enroll – Things to Know

You are REQUIRED to **provide the following information/documentation** for all dependents/beneficiaries:

- Name
- Date of Birth
- Social Security Number

## HOW TO ENROLL

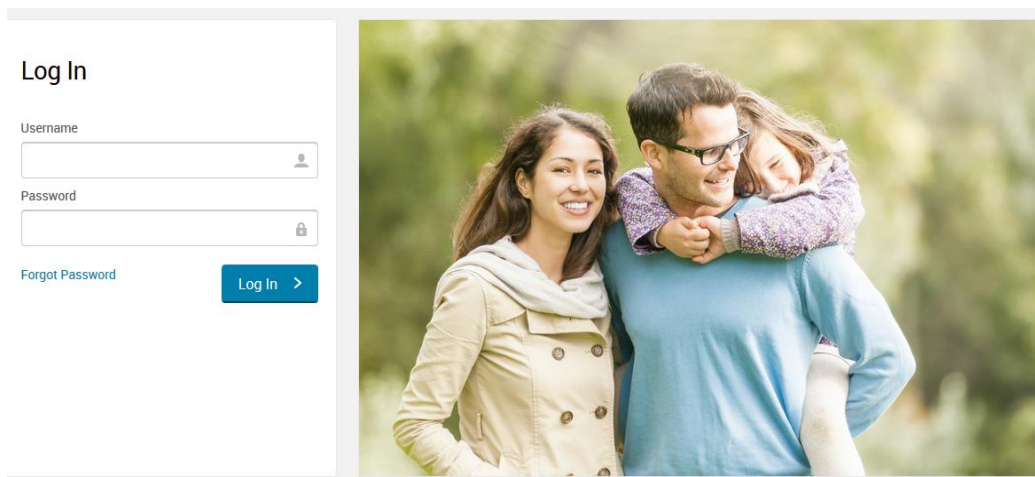
Go to [www.bullochcountyschools.bswift.com](http://www.bullochcountyschools.bswift.com).

At this time, make sure to disable your pop-up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.

The image shows a login interface on the left and a photograph of a family on the right. The login form has a title 'Log In', fields for 'Username' and 'Password', a 'Forgot Password' link, and a 'Log In >' button. The photograph shows a smiling man carrying a young child on his shoulders, with a woman standing next to them, all outdoors in a park-like setting.

- Please go online and make your elections during the New Hire Orientation by the deadline provided.
- If you need assistance you can go to <https://crifinfgtz.timetap.com> to sign up for a virtual or telephonic meeting with a licensed counselor. Appointments will be available from 9:00 a.m. to 5:00 p.m. on October 20<sup>th</sup>, 21<sup>st</sup>, 22<sup>nd</sup>, 27<sup>th</sup>, 28<sup>th</sup>, 29<sup>th</sup> and November 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup>.

**Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.**

## How To Enroll

To Begin:

1. From the “Home Page” click on the “Enroll Now” link, to begin the election process.
2. On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.

A screenshot of a web application's enrollment page. At the top is a green navigation bar with links: 'My Benefits' (with a dropdown arrow), 'My Profile', 'News', 'Library' (with a dropdown arrow), and 'Specials'. Below the navigation bar, the main content area has a light blue background. It features the heading 'Welcome to your enrollment!' in a large, dark font. Underneath, it says 'Enrollment Deadline 9/9/2016' and 'Your Status Not Started'. A prominent orange button labeled 'Start Your Enrollment' is centered below this text.

3. To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.

A screenshot of a web application's plan selection screen. The top section has a dark blue header with a 'Back' button (left arrow) and the title 'Medical'. Below this, the question 'Who will be covered by this plan?' is displayed. There are three selection items, each with a green checkmark icon in a box: 'Lauren Test Employee', 'Jason Test Spouse', and 'Susan Test Child'. To the right of these items is a blue link with a plus icon labeled 'Add Dependents'. At the bottom of the screen, there is a 'Back' button (left arrow) on the left and an orange 'Continue' button on the right.

4. Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.

A screenshot of a web application's final review screen. The title is 'Once You've Reviewed All Your Selections:'. Below the title is the section heading 'Participation'. A paragraph of legal text follows: 'I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.' At the bottom, there is a green checkmark icon in a box next to the text 'I agree, and I'm finished with my enrollment.', which is enclosed in a blue-bordered box.

## Eligibility and Qualifying Events

### Changes in benefits for 2021:

- The Long-term disability is moving from Standard to Hartford with no change in benefit but lower premiums.
- Dental overage is staying the same with a slight increase in rates.
- Flexible Spending Accounts are moving from TASC to Medcom.
- Slight rate increase for Voluntary Life Products.

### Eligibility:

Active Full Time Employees of the Bulloch County Board of Education are eligible for benefits. If you are a new employee you are eligible to join the plans the 1<sup>st</sup> day following 30 days of active employment. Otherwise, your annual enrollment elections are effective January 1<sup>st</sup> of each year.

Spouses and dependent children are also eligible to participate in our benefit plans. Eligible dependents are classified as:

- Your legal spouse who resides in the United States.
- Your dependent children to include natural children, legally adopted children, stepchildren and children for whom you have been appointed guardianship.

Your child can be covered on the medical, dental, and vision plans to age 26. Any coverage that you have on them will continue until the end of the month of their 26<sup>th</sup> birthday. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

### Qualifying Events: (refer to your Summary Plan Description - Special Enrollment Rights)

Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted by Section 125 of the Internal Revenue Code.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- **You must notify Human Resources, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.**
- Please contact NFP at 800-994-7429 to speak with a Benefit Consultant regarding enrollment due to a Qualifying Event.





## EAP – Employee Assistance Program

There are times in life when you might need a little help coping or figuring out what to do. This year we have added a new program for you and your family to help when the need arises. Take advantage of the Employee Assistance Program (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It is totally confidential – information will only be released with your permission or as required by law.

### **Connection to Resources, Support and Guidance**

You, your dependents (including children to age 26) and all household members can contact a master's degree clinicians 24/7 by phone, online, live chat, email and text. There is even a Mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you will be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

### **WorkLife Services**

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

### **Online Resources**

Visit [workhealthlife.com/standard3](https://workhealthlife.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

With EAP, assistance is immediate, personal and available when you need it.



NFP Advantage - *NewBenefits*

This is a discount benefits program offering significant savings from thousands of providers across the nation. All of the benefits include the employee and his/her immediate family.

The membership is simple to use. Employees can search for providers on [mymemberportal.com](http://mymemberportal.com) or call 855.VIP.DOCS (855.847.3627).



| NFP Advantage |  |
|---------------|--|
| \$8.93        | <ul style="list-style-type: none"><li>• Telehealth</li><li>• Health Advocacy</li><li>• Medical Bill Saver</li><li>• Nurse line</li><li>• Doctors Online</li><li>• Pharmacy</li></ul> |

## Dental Benefits – Ameritas – Low Plan

Maintaining our dental health is a large component in our overall health. While brushing and flossing daily is important, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may actually help reveal other health issues. The Bulloch County BOE offers dental coverage as summarized below.

| Plan Benefit       | In Network U&C<br>Negotiated Fee  | Out of Network<br>U&R |
|--------------------|---|-----------------------|
| Type 1             | 100%  | 100%                  |
| Type 2             | 60%   | 50%                   |
| Type 3             | 60%   | 50%                   |
| Deductible         | \$10/visit Type 1<br>\$50 calendar year Type 2 & 3<br>No Family Maximum |                       |
| Maximum per person | \$1,200 per calendar year   |                       |
| U&C                | 80 <sup>th</sup> percentile   |                       |
| Waiting Period     | 12 Months Type 3 New Enrollees  |                       |

### **Type 1**

- Routine Exam
- Bitewing X-rays
- Full Mouth/Panoramic X-rays
- Periapical X-rays
- Cleaning
- Fluoride for Children 15 and under
- Sealants (age 15 and under)

### **Type 2**

- Space Maintainers
- Restorative Amalgams
- Restorative Composites
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Simple Extractions

### **Type 3**

- Onlays
- Crowns
- Crown Repair
- Endodontics (non-surgical)
- Endodontics (surgical)
- Denture Repair
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
- Complex Extractions
- Anesthesia

### **Monthly Rates**

|                        |         |
|------------------------|---------|
| Employee Only (EE)     | \$26.33 |
| EE + Spouse            | \$54.01 |
| EE + Children          | \$52.87 |
| EE + Spouse & Children | \$87.73 |

### **Late Entrant Provision**

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during your initial enrollment period, you will become a late entrant. Late entrants will only be eligible for exams, cleanings, and fluoride applications for the first 12 months they are covered.

### **Pretreatment**

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

### **Dental Rewards®**

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

|                         |         |   |
|-------------------------|---------|---|
| Benefit Threshold       | \$500   | Dental benefits received for the year cannot exceed this amount         |
| Annual Carryover Amount | \$250   | Dental Rewards amount is added to the following year's maximum          |
| Annual PPO Bonus        | \$100   | Additional bonus is earned if the member sees a network provider        |
| Maximum Carryover       | \$1,000 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

### **Dental Network Information**

To find a provider, visit [www.ameritas.com](http://www.ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. The network is Ameritas PPO.



## Dental Benefits – Ameritas – High Plan

| Plan Benefit       | In Network<br>Negotiated Fee  | Out of Network<br>U&R |
|--------------------|---|-----------------------|
| Type 1             | 100%  | 100%                  |
| Type 2             | 90%   | 80%                   |
| Type 3             | 60%   | 50%                   |
| Deductible         | \$10/visit Type 1<br>\$50 calendar year Type 2,3<br>No family maximum |                       |
| Maximum per person | \$2,000 per calendar year   |                       |
| U&C                | 80th Percentile   |                       |
| Waiting Period     | 12 Months Type 3 New Enrollees  |                       |

## Orthodontia Summary - Child Only Coverage

|                               |                              |
|-------------------------------|------------------------------|
| Allowance                     | U&C                          |
| Plan Benefit                  | 50%                          |
| Lifetime Maximum (per person) | \$1,500                      |
| Waiting Period                | 12 months New Enrollees Only |

## Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

### Type 1

- Routine Exam (1 in 6 months)
- Bitewing X-rays (1 in 12 months)
- Full Mouth/Panoramic X-rays (1 in 3 years)
- Periapical X-rays
- Cleaning (1 in 6 months)
- Fluoride for Children 15 and under (1 in 12 months)
- Sealants (age 15 and under)

### Type 2

- Space Maintainers
- Restorative Amalgams
- Restorative Composites
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Simple Extractions

### Type 3

- Onlays
- Crowns (1 in 10 years per tooth)
- Crown Repair
- Endodontics (nonsurgical)
- Endodontics (surgical)
- Denture Repair
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
- Complex Extractions
- Anesthesia

## Monthly Rates

|                        |          |
|------------------------|----------|
| Employee Only (EE)     | \$ 36.71 |
| EE + Spouse            | \$ 70.00 |
| EE + Children          | \$ 99.04 |
| EE + Spouse & Children | \$132.15 |

### Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during your initial enrollment period, you will become a late entrant. Late entrants will only be eligible for exams, cleanings, and fluoride applications for the first 12 months they are covered.

### Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

### Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

|                         |         |   |
|-------------------------|---------|---|
| Benefit Threshold       | \$750   | Dental benefits received for the year cannot exceed this amount         |
| Annual Carryover Amount | \$400   | Dental Rewards amount is added to the following year's maximum          |
| Annual PPO Bonus        | \$200   | Additional bonus is earned if the member sees a network provider        |
| Maximum Carryover       | \$1,200 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

### Dental Network Information

To find a provider, visit [www.ameritas.com](http://www.ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. The network is Ameritas PPO.

## Vision – Ameritas

Vision Coverage is provided by the Eyemed Insight network with Ameritas. Our plan saves you money on routine eye exams and materials. To find a provider for the Insight Network, along with additional tools and resources, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

|  | Insight Network  | Out of Network           | Frequency              |
|--|--|--------------------------|------------------------|
| Deductibles                            | \$20 Exam<br>\$20 Eye Glass Lenses   | No Deductible            | 12 months<br>12 months |
| Annual Eye Exam                        | Covered In Full after deductible   | Up to \$35               | 12 months              |
| Lenses (per pair)                      |  |                          |                        |
| • Single vision                        | Covered  | Up to \$25               | 12 months              |
| • Bifocal                              | Covered  | Up to \$40               |                        |
| • Trifocal                             | Covered  | Up to \$55               |                        |
| • Lenticular                           | 20% Discount   | No Benefit               |                        |
| Contacts                               |  |                          |                        |
| • Material Allowance                   | Up to \$115  | Up to \$104              | 12 months              |
| • Evaluation, Fitting & Follow-up Care | Standard: Member cost up to \$40;<br>Premium: 10% off Retail   | No Benefit<br>No Benefit |                        |
| • Necessary Contacts                   | Covered in full  | Up to \$200              |                        |
| Frames                                 | \$100  | Up to \$65               | 24 months              |
| Progressive Lenses                     |  |                          |                        |
| • Standard                             | \$65 + Lens Deductible   | No Benefit               |                        |
| • Premium                              |  |                          |                        |
| Tier 1                                 | \$85 + Lens Deductible   | No Benefit               |                        |
| Tier 2                                 | \$95 + Lens Deductible   | No Benefit               |                        |
| Tier 3                                 | \$110 + Lens Deductible  | No Benefit               |                        |
| Tier 4                                 | \$65 + 80% of charge less<br>\$120 allowance   | No Benefit               |                        |
| Polycarbonate                          | \$40   | No benefit               |                        |
| Tinting of Plastic Lenses              | \$15   | No benefit               |                        |
| Ultraviolet Coating                    | \$15   | No benefit               |                        |
| Lasik or PRK                           | Average discount of 15% off retail or 5% off promotional price at US Laser Network participating providers |                          |                        |

Employee  
\$5.22

EE + 1 Dependent  
\$10.47

EE + 2 or more Dependents  
\$14.21

## Voluntary Life – *The Standard*

**Term Life Insurance provides valuable financial protection for your family. Bulloch County Board of Education is pleased to offer a solution.**

- You must be an active employee of Bulloch County Board of Education working at least 20 hours each week.
- You must elect Voluntary Life with AD&D insurance for yourself in order to elect Dependents Life with AD&D insurance for your spouse and eligible children.
- Spouse means a person to whom you are legally married.
- Child means your child(ren) from live birth, adoption or step-child(ren) through age 26.
- Your spouse or children must not be full time members of the armed forces.
- You pay 100% of the premium for this coverage through easy payroll deduction.
- Coverage amount must not exceed five times your annual earnings.

|                 | Minimum  | Incremental Unit | Guarantee Issue Amt | Maximum   |
|-----------------|----------|------------------|---------------------|-----------|
| <b>Employee</b> | \$10,000 | \$10,000         | \$200,000           | \$500,000 |
| <b>Spouse</b>   | \$5,000  | \$5,000          | \$50,000            | \$125,000 |

|                          |   |
|--------------------------|---|
| <b>Employee Benefit</b>  | Increments of \$10,000 up to \$500,000 or 5 x salary      |
| <b>Dependent Life</b>    |   |
| • <b>Spouse</b>          | Increments of \$5,000 up to \$125,000 or 50% of EE amount |
| • <b>Child</b>           | \$5,000 or \$10,000                                       |
| <b>Portable (Yes/No)</b> | Yes   |
| <b>Benefit Reduction</b> | 65% at age 65;<br>50% at age 70<br>35% at age 75          |

**To Calculate your premium:**

Amount Elected divided by 1,000 x .26 = monthly rate.

**Example:**

\$100,000 / 1,000 = 100

100 x .22 = \$22.00

|                   | Rate per \$1,000 |
|-------------------|------------------|
| <b>Employee</b>   | .26              |
| <b>Spouse</b>     | .218             |
| <b>Child(ren)</b> | .064             |



## Disability – The Hartford

The Bulloch County Board of Education also offers disability insurance to benefits eligible employees as further protection for yourself and your family in the event that you are unable to work for an extended period of time. **You must use all sick leave time before disability benefits begin**, so we offer several elimination period options that allow you to pick a benefit that fits with your accumulated sick leave balance. Please refer to the Summary Plan Description for more details on this disability coverage.

Every year during open enrollment employees are allowed to increase their current disability benefit \$300 (if they are not at their maximum amount) or move to the next lower elimination period without evidence of insurability. However, should you have a claim within the next year the claim will be subject to the pre-existing limitations referenced below.

**Should you apply for new coverage, increase more than \$300 or change to an elimination period more than one less you will have to complete an evidence of insurability. You will be underwritten and can be denied coverage.**

| Increments of \$100; maximum of 60% of monthly earnings or \$8,000 monthly maximum benefit |  |
|--|--|
| <b>Duration of Benefits</b>  | Social Security Normal Retirement Age  |
| <b>Elimination Period*</b>   | Option of:<br>7 Day Sickness & 0 Days Accident<br>14 Days Sickness & Accident<br>30 Days Sickness & Accident<br>60 Days Sickness & Accident<br>90 Days Sickness & Accident<br>180 Days Sickness & Accident |
| <b>Contributions</b>   | See Formula Below  |
| <b>Pre-Existing Condition</b>  | 6/12**   |

| Elimination Period | Premium Factors (Rates are based per \$100 of benefit) |
|--------------------|--|
| 7 Day              | 2.3950   |
| 14 Day             | 1.9150   |
| 30 Day             | 1.3500   |
| 60 Day             | 0.9300   |
| 90 Day             | 0.7550   |
| 180 Day            | 0.5450   |

## Disability Continued – *The Standard*

### Benefit Limitations

**Mental Illness:** 24 Months

**Substance Abuse:** 24 Months

### Own Occupation Period

For the plan's definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid.

### Any Occupation Period

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period

### To Calculate Your Premium:

$$\frac{\$ \text{Benefit Election}^*}{100} \times \frac{\text{Premium factor}}{\text{Premium factor}} = \text{Monthly Premium}$$



## Group Critical Illness - MetLife

Many people believe they will be covered by their medical policies should a critical condition arise. Unaware of the many hidden costs involved, they sometimes find out too late that their needs exceed the terms of their standard medical plan.

### How can critical illness insurance help?

Critical illness insurance can pay a lump sum benefit at the diagnosis of a covered illness. You choose the level of coverage — from \$5,000 to \$40,000 — and you can use the money any way you see fit. The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300%.

### Three reasons to buy this coverage at work

1. You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck.
2. Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. MetLife will bill you directly for the same premium amount.
3. Coverage becomes effective on the first day of the month following the date payroll deductions begin.

| Covered Condition            | Initial Benefits        | Recurrence Benefit       |
|------------------------------|-------------------------|--------------------------|
| Full Benefit Cancer          | 100% of Initial Benefit | 50% of Initial Benefit   |
| Partial Benefit Cancer       | 25% of Initial Benefit  | 12.5% of Initial Benefit |
| Heart Attack                 | 100% of Initial Benefit | 50% of Initial Benefit   |
| Stroke                       | 100% of Initial Benefit | 50% of Initial Benefit   |
| Coronary Artery Bypass Graft | 100% of Initial Benefit | 50% of Initial Benefit   |
| Kidney Failure               | 100% of Initial Benefit | Not Applicable           |
| Alzheimer's Disease          | 100% of Initial Benefit | Not Applicable           |
| Major Organ Transplant       | 100% of Initial Benefit | Not Applicable           |
| Occupational HIV             | 100% of Initial Benefit | Not Applicable           |
| 22 Listed Conditions         | 25% of Initial Benefit  | Not Applicable           |

### Wellness benefit

This benefit can pay \$75 per calendar year per insured individual if a covered health screening test is performed, including: Blood Tests, Chest X-Rays, Stress Tests, Mammograms, Colonoscopies

A full list of covered tests will be provided in your benefit summary.

## Group Critical Illness Rates

| Monthly Premium per \$1,000 of Coverage (Non-Tobacco) |               |                   |                     |        |
|---|---------------|-------------------|---------------------|--------|
| Age   | Employee Only | Employee + Spouse | Employee + Children | Family |
| <25   | \$0.45        | \$0.78            | \$0.61              | \$0.94 |
| 25-29   | \$0.45        | \$0.83            | \$0.61              | \$0.99 |
| 30-34   | \$0.62        | \$1.13            | \$0.78              | \$1.29 |
| 35-39   | \$0.85        | \$1.58            | \$1.01              | \$1.74 |
| 40-44   | \$1.28        | \$2.35            | \$1.44              | \$2.51 |
| 45-49   | \$1.75        | \$3.23            | \$1.91              | \$3.39 |
| 50-54   | \$2.36        | \$4.34            | \$2.52              | \$4.50 |
| 55-59   | \$3.04        | \$5.58            | \$3.19              | \$5.74 |
| 60-64   | \$3.92        | \$7.03            | \$4.08              | \$7.19 |
| 65-69   | \$4.56        | \$8.07            | \$4.72              | \$8.23 |
| 70+   | \$5.31        | \$9.39            | \$5.47              | \$9.55 |

| Monthly Premium per \$1,000 of Coverage (Tobacco) |               |                   |                     |         |
|---|---------------|-------------------|---------------------|---------|
| Age   | Employee Only | Employee + Spouse | Employee + Children | Family  |
| <25   | \$0.68        | \$1.14            | \$0.84              | \$1.30  |
| 25-29   | \$0.68        | \$1.21            | \$0.84              | \$1.37  |
| 30-34   | \$0.97        | \$1.72            | \$1.13              | \$1.88  |
| 35-39   | \$1.35        | \$2.48            | \$1.51              | \$2.64  |
| 40-44   | \$2.09        | \$3.79            | \$2.25              | \$3.94  |
| 45-49   | \$2.89        | \$5.29            | \$3.05              | \$5.45  |
| 50-54   | \$3.91        | \$7.17            | \$4.07              | \$7.33  |
| 55-59   | \$5.05        | \$9.30            | \$5.21              | \$9.46  |
| 60-64   | \$6.56        | \$11.81           | \$6.72              | \$11.97 |
| 65-69   | \$7.71        | \$13.72           | \$7.87              | \$13.87 |
| 70+   | \$9.09        | \$16.14           | \$9.25              | \$16.30 |

You may elect the following coverage amounts for yourself and dependents:

**Employee** - \$5,000 to \$40,000 in increments of \$1,000

**Spouse** – 100% of the employee's Initial Benefit

**Child** - 25% of Employee Coverage Amount



## Group Accident - MetLife

An accident plan can help you with unexpected out of pocket expenses due to an accident. The plan pays cash to you based on the accident and services you have due to the accident. Please review the following benefits to see if it would be a good fit for you and your family.

| Benefit Type  |         | Benefit Amount   |         |
|---|---------|--|---------|
| Injuries  |         |  |         |
| Fractures   |         | \$50 - \$7,500   |         |
| Dislocations  |         | \$50 - \$6,000   |         |
| Second and Third-Degree Burns   |         | \$25 - \$10,000  |         |
| Concussions   |         | \$150  |         |
| Cuts/Lacerations  |         | \$25 - \$600   |         |
| Eye Injuries  |         | \$300  |         |
| Medical Services & Treatment  |         |  |         |
| Ambulance   |         | \$400 - \$1,500  |         |
| Emergency Care  |         | \$75 - \$150   |         |
| Non-Emergency Care  |         | \$25   |         |
| Physician Follow-Up   |         | \$75   |         |
| Therapy Services (Including physical therapy)   |         | \$15 - \$25  |         |
| Medical Testing Benefit   |         | \$200  |         |
| Medical Appliances  |         | \$100  |         |
| Inpatient Surgery   |         | \$150 - \$1,500  |         |
| Hospital Coverage (Accident)  |         |  |         |
| Admission   |         | \$1,000 - \$1,500 per accident   |         |
| Confinement   |         | \$200 a day (non-ICU) up to 365 days<br>\$400 a day (ICU) up to 365 days |         |
| Inpatient Rehab (paid per accident)   |         | \$100 a day, up to 15 days   |         |
| Accidental Death  |         |  |         |
| Employee receives 100% of amount shown, spouse receives 40% and children receive 20% of amount shown. |         | \$50,000<br>\$150,000 for common carrier                                 |         |
| Dismemberment, Loss & Paralysis   |         |  |         |
| Dismemberment, Loss & Paralysis   |         | \$750 - \$100,000 per injury   |         |
| Other Benefits  |         |  |         |
| Lodging – Pays for lodging for companion up to 30 nights per calendar year                            |         | \$150 per night up to 30 nights  |         |
| Monthly Rates   |         |  |         |
| Employee Only   | \$11.85 | Employee + Spouse  | \$25.88 |
| Employee + Children   | \$24.05 | Family   | \$29.62 |

## Flexible Spending – Medcom

Participating in the Flexible Spending Account (FSA) available through your Employer can increase your take-home pay by reducing your taxable income. It allows you to potentially save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars vs. post-tax dollars to pay for those expenses.

We recommend that, prior to making an election, you consider and derive a conservative estimate of how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year. For example, you may want to consider your estimated cost for prescription drugs, medical and dental office visit copays and/or deductibles, as well as vision related needs including exams and prescription glasses/lenses.

Most FSAs require you use the funds you contribute within the plan year or you lose them. However, with this plan you will be able to roll-over up to \$500 of unused contributions in your Healthcare Reimbursement FSA only. Should you have more than \$500 that you have not spent by the end of the plan year you will lost that amount.

**You MUST re-enroll each year. Your FSA election does NOT automatically renew from year to year.**

### Highlights

#### Healthcare Reimbursement FSA:

Maximum Employee Contribution: \$2,750 Annually

#### Dependent Day Care FSA:

Maximum Employee Contribution: \$5,000 if married filing jointly or filing head of household or \$2,500 if married filing separately.

### Pre-Tax Savings Example

|                                | <u>Without FSA</u> | <u>With FSA</u> |
|--------------------------------|--------------------|-----------------|
| Gross Monthly Pay:             | \$3,500            | \$3,500         |
| <u>Pre-Tax Contributions</u>   |                    |                 |
| Medical/Dental Premiums        | \$0                | -\$125          |
| Medical Expenses               | \$0                | -\$75           |
| Dependent Care Expenses        | \$0                | -\$400          |
| TOTAL:                         | \$0                | -\$600          |
| <b>Taxable Monthly Income</b>  | <b>\$3,500</b>     | <b>\$2,900</b>  |
| Taxes (federal, state, FICA):  | -\$968             | -\$802          |
| <u>Out-of-pocket Expenses:</u> | <u>-\$600</u>      | <u>\$0</u>      |
| <b>Monthly Take-home Pay:</b>  | <b>\$1,932</b>     | <b>\$2,098</b>  |

**Net Increase in Take-Home Pay = \$166/mo!**

For illustration only. Actual dollar amounts may vary.



### Benefits on the Go!

Medcom Benefit Solutions offers fast and easy account access from anywhere at any time! Medcom Mobile App makes it easy for FlexSystem Participants to access their accounts from their mobile device. Users appreciate these flexible wireless options to securely manage their accounts and request reimbursements while on the go. These mobile features (and much more) are all-inclusive when FlexSystem is part of an employee benefits program!

### Additional Management Tools

In addition to Medcom Mobile, we provide multiple methods for participant/employee account access and management:

- Medcom Portal: <https://medcom.wealthcareportal.com>
- [www.medcombenefits.com](http://www.medcombenefits.com)
- Email: [medcomreceipts@medcombenefits.com](mailto:medcomreceipts@medcombenefits.com)

## LIFE INSURANCE HIGHLIGHTS For the employee

PURELIFE-plus

*Flexible Premium Life Insurance to Age 121  
Policy Form PRFNG-NI-10*

Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer might provide. This voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually cost more and decline in death benefit.

The policy, PURELIFE-plus, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,<sup>1</sup> PURELIFE-plus gives your loved ones peace of mind.
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-plus provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.**<sup>2</sup> Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time.<sup>3</sup>
- **Refund of Premium.** Unique in the marketplace, PURELIFE-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee in most states. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren by answering just 3 questions:<sup>4</sup>

During the last six months, has the proposed insured:

- a. Been actively at work on a full time basis, performing usual duties?
- b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?

Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.

<sup>1</sup> Voluntary and Universal Whole Life Products, Eastbridge Consulting Group, October 2012

<sup>2</sup> Guarantees are subject to product terms, exclusions and limitations and the insurer's claims-paying ability and financial strength.

<sup>3</sup> After the guaranteed period, premiums may go down, stay the same, or go up.

<sup>4</sup> Coverage and spouse/domestic partner eligibility may vary by state. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships, and legally recognized familial relationships. Coverage not available on children and grandchildren in Washington.

See the PURELIFE-plus brochure for details.

**TEXASLIFE** INSURANCE  
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

16Mo09-C 1006 R0916 (exp0118)

PURELIFE-plus is not available in NJ, NY or PA.

***Please Note: All Legal Notices will be posted to the Bswift Enrollment Portal. Below is a summary of the legal notices that are posted.***

**SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:** Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred.

**COBRA:** On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. (Both you and your spouse should take the time to read this notice carefully.) If you are an employee covered by the Group Health Plan, you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part)

**Notice of Privacy Practices:** Bulloch County Board of Education is the plan sponsor of the plan(s) ("Plan(s)") identified in this Notice of Privacy Practices ("Notice"). This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI"). The Plan(s) is/are required by law to provide you with a copy of this Notice setting forth the Plan's/Plans' legal duties and privacy practices with respect to your protected health information.



## Disclosure Notice - CHIP

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1- 877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

| ALABAMA – Medicaid   | FLORIDA – Medicaid  |
|--|---|
| <b>Website:</b><br><a href="http://myalhipp.com/">http://myalhipp.com/</a><br><b>Phone:</b> 1-855-692-5447   | <b>Website:</b><br><a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a><br><b>Phone:</b> 1-877-357-3268  |
| ALASKA – Medicaid  | GEORGIA – Medicaid  |
| <b>The AK Health Insurance Premium Payment Program Website:</b> <a href="http://myakhipp.com/">http://myakhipp.com/</a><br><b>Phone:</b> 1-866-251-4861<br><b>Email:</b> <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br><b>Medicaid Eligibility:</b><br><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp">http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp</a><br><a href="#">p</a><br><a href="#">x</a> | <b>Website:</b> <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a><br><b>- Click on Health Insurance Premium Payment (HIPP)</b><br><b>Phone:</b> 404-656-4507  |
| ARKANSAS – Medicaid  | INDIANA – Medicaid  |
| <b>Website:</b> <a href="http://myarhipp.com/">http://myarhipp.com/</a><br><b>Phone:</b> 1-855-MyARHIPP (855-692-7447)   | <b>Healthy Indiana Plan for low-income adults 19-64 Website:</b> <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br><b>Phone:</b> 1-877-438-4479<br><b>All other Medicaid Website:</b> <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a><br><b>Phone</b> 1-800-403-0864 |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)   | IOWA – Medicaid   |
| <b>Health First Colorado Website:</b><br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br><b>Health First Colorado Member Contact Center:</b> 1-800-221-3943/ State Relay 711<br><b>CHP+:</b> <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a><br><b>CHP+ Customer Service:</b> 1-800-359-1991/ State Relay 711  | <b>Website:</b><br><a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br><b>Phone:</b> 1-888-346-9562  |

## Disclosure Notices

| KANSAS – Medicaid   | NEW HAMPSHIRE – Medicaid  |
|---|---|
| <b>Website:</b><br><a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a><br><b>Phone:</b> 1-785-296-3512  | <b>Website:</b><br><a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a><br><b>Phone:</b> 603-271-5218<br><b>Hotline:</b> NH Medicaid Service Center at 1-888-901-4999  |
| KENTUCKY – Medicaid   | NEW JERSEY – Medicaid and CHIP  |
| <b>Website:</b> <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a><br><b>Phone:</b> 1-800-635-2570   | <b>Medicaid Website:</b><br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br><b>Medicaid Phone:</b> 609-631-2392 <b>CHIP Website:</b><br><a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br><b>CHIP Phone:</b> 1-800-701-0710 |
| LOUISIANA – Medicaid  | NEW YORK – Medicaid   |
| <b>Website:</b><br><a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> <b>Phone:</b> 1-888-695-2447   | <b>Website:</b><br><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> <b>Phone:</b> 1-800-541-2831   |
| MAINE – Medicaid  | NORTH CAROLINA – Medicaid   |
| <b>Website:</b><br><a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a><br><b>Phone:</b> 1-800-442-6003<br><b>TTY:</b> Maine relay 711   | <b>Website:</b><br><a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a><br><b>Phone:</b> 919-855-4100  |
| MASSACHUSETTS – Medicaid and CHIP   | NORTH DAKOTA – Medicaid   |
| <b>Website:</b><br><a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a><br><b>Phone:</b> 1-800-862-4840  | <b>Website:</b><br><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br><b>Phone:</b> 1-844-854-4825  |
| MINNESOTA – Medicaid  | OKLAHOMA – Medicaid and CHIP  |
| <b>Website:</b> <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a><br><b>Phone:</b> 1-800-657-3739 | <b>Website:</b><br><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br><b>Phone:</b> 1-888-365-3742  |
| MISSOURI – Medicaid   | OREGON – Medicaid   |
| <b>Website:</b><br><a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br><b>Phone:</b> 573-751-2005  | <b>Website:</b><br><a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> <b>Phone:</b> 1-800-699-9075   |
| MONTANA – Medicaid  | PENNSYLVANIA – Medicaid   |
| <b>Website:</b><br><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br><b>Phone:</b> 1-800-694-3084  | <b>Website:</b><br><a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a><br><b>Phone:</b> 1-800-692-7462  |
| NEBRASKA – Medicaid   | RHODE ISLAND – Medicaid   |
| <b>Website:</b> <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br><b>Phone:</b> (855) 632-7633<br><b>Lincoln:</b> (402) 473-7000<br><b>Omaha:</b> (402) 595-1178   | <b>Website:</b><br><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br><b>Phone:</b> 855-697-4347  |
| NEVADA – Medicaid   | SOUTH CAROLINA – Medicaid   |
| <b>Medicaid Website:</b><br><a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> <b>Medicaid Phone:</b><br>1-800-992-0900  | <b>Website:</b><br><a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br><b>Phone:</b> 1-888-549-0820  |

## Disclosure Notices

| SOUTH DAKOTA - Medicaid  |  | WASHINGTON – Medicaid  |  |
|--|--|--|--|
| Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  |  | Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a><br>Phone: 1-800-562-3022 ext. 15473 |  |
| TEXAS – Medicaid   |  | WEST VIRGINIA – Medicaid   |  |
| Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>Phone: 1-800-440-0493  |  | Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)   |  |
| UTAH – Medicaid and CHIP   |  | WISCONSIN – Medicaid and CHIP  |  |
| Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669  |  | Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a><br>Phone: 1-800-362-3002  |  |
| VERMONT– Medicaid  |  | WYOMING – Medicaid   |  |
| Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 1-800-250-8427  |  | Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a><br>Phone: 307-777-7531  |  |
| VIRGINIA – Medicaid and CHIP   |  |  |  |
| Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a><br>CHIP Phone: 1-855-242-8282 |  |  |  |

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Services Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2020)

## Why Would I Contact the NFP Service Center?

**Order ID Cards:** We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

**Claim Resolution and Research:** We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

**Locate In-Network Providers:** Staying in network saves everyone money. Our Service Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

**Request Copies of Any Necessary Forms:** Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

**Understanding Your Benefits:** We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

**Explain Qualifying Events:** Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election any time other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you are given proper documentation of the event.

**Annual Enrollment Information:** We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

**Enrollment Assistance:** The Service Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center Representative is available to help.

**Confirmation Statements:** We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

*The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.*

**800-994-7429**

**[nfpsecustomerservice@nfp.com](mailto:nfpsecustomerservice@nfp.com)**

## Contact Information

| Plan                         | Administrator   | Website  | Phone Number |
|------------------------------|-----------------|--|--------------|
| Benefit/Enrollment Questions | NFP             | <a href="http://www.nfp.com">www.nfp.com</a>   | 800-994-7429 |
| Human Resources              | Main Number     | <a href="http://www.bulloch.k12.ga.us">www.bulloch.k12.ga.us</a>                       | 912-212-8515 |
| Employee Assistance Program  | Morneau Shepell | <a href="http://www.workhealthlife.com/standard3">www.workhealthlife.com/standard3</a> | 888-293-6948 |
| NFP Advantage                | New Benefits    | <a href="http://www.mymemberportal.com">www.mymemberportal.com</a>                     | 855-847-3627 |
| Dental                       | Ameritas        | <a href="http://www.ameritas.com">www.ameritas.com</a>                                 | 800-487-5553 |
| Vision                       | Ameritas Eyemed | <a href="http://www.ameritas.com">www.ameritas.com</a>                                 | 800-487-5553 |
| Voluntary Life               | The Standard    | <a href="http://www.standard.com">www.standard.com</a>                                 | 800-368-2859 |
| Disability                   | The Standard    | <a href="http://www.standard.com">www.standard.com</a>                                 | 800-368-2859 |
| Group Critical Illness       | MetLife         | <a href="http://www.metlife.com">www.metlife.com</a>                                   | 800-438-6388 |
| Group Accident               | MetLife         | <a href="http://www.metlife.com">www.metlife.com</a>                                   | 800-438-6388 |
| Flexible Spending            | Medcom          | <a href="http://www.medcombenefits.com">www.medcombenefits.com</a>                     | 800-523-7542 |
| Permanent Life               | Texas Life      | <a href="http://www.texaslife.com">www.texaslife.com</a>                               | 800-283-9233 |



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1-800-994-7429